United States Patent and Trademark Office
                 - Sales Receipt -

02/27/2006 PYOUNG1   00000002 501698   10618211

01 FC:1201   200.00 DA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Jeffrey D. Provost

SERIAL NO.:   10/618,211

FILING DATE: July 11, 2003   CONFIRMATION NO.: 4216

TITLE: Inline Power Control

EXAMINER: Brown, Michael J.

ART UNIT: 2116

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450, on the date printed below.

Date: ___2/9/06___   Name: _____
                              Michelle R. Crosby

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

In response to the Office Action mailed November 28, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 7 of this paper.

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	12	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	12 minus 20=	* 1
INDEPENDENT CLAIMS	9 minus 3 =	* 6
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐ OR **OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X$ 9=		OR	X$18=	
X42=		OR	X84=	504
+140=		OR	+280=	
TOTAL		OR	TOTAL	1254

* If the difference in column 1 is less than zero, enter "0" in column 2

2-13-06 CLAIMS AS AMENDED - PART II

SMALL ENTITY OR OTHER THAN SMALL ENTITY

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 15	Minus	** 20	= 0
Independent	* 10	Minus	*** 9	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	200
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.